

## Group aims to silence claims that vitamins are better than drugs for AIDS

Pat Sidney Johannesburg

South Africa's leading AIDS activism group is back in court using its weapon of choice, the law, in its fight for the adequate provision of treatment to South Africa's five million people who are HIV positive.

The group is suing a manufacturer of vitamins, who has fallen foul of regulators in the United Kingdom and the United States, to stop him claiming that his vitamins are more effective than antiretroviral drugs for people with AIDS. They also want him to stop

claiming that antiretroviral drugs are too toxic for people with AIDS to take.

The group, Treatment Action Campaign, is claiming damages against the vitamin manufacturer for his assertion that the group is a front for the drug industry. The case is expected to last several months.

The vitamin manufacturer, Matthias Rath, has run large advertising campaigns in South African newspapers as well as in the US telling people with AIDS that his vitamins would be better for them than products made by drug companies.

Dr Rath's campaign in South Africa has been supported by several well known dissenters on AIDS treatment and by the country's health minister, Dr Manto Tshabalala-Msimang. Treatment Action Campaign has threatened legal action against the health department and the Medicines Control Council (South Africa's drugs

regulatory body) for not taking action against Dr Rath for alleged violations of the law concerning the marketing of medicines. But subsequently both bodies have announced that they will be investigating his operations in South Africa.

Dr Rath has been stopped by the South African Advertising Standards Authority from issuing advertisements containing claims that the authority found could not be supported by evidence. The authority's decision followed a similar ruling by the UK's Advertising Standards Authority banning as misleading certain advertisements issued by Dr Rath in the UK.

Ralf Langner, the Rath Foundation's spokesman, said, however, that the Advertising Standards Authority of South Africa had failed to read the foundation's dossier in which scientific research backing its views was documented.

He said that the foundation did not sell its products or any others in South Africa but rather was in the country to educate the public on the virtues of vitamins and about the toxicity of antiretrovirals. He said that the use of vitamins in stalling the onset of AIDS was well known.

He added that the substantial influence of large pharmaceutical manufacturers was the reason why the foundation's views did not result in vitamins being used adequately to prevent the symptoms of AIDS. "[The foundation's view] challenges a multibillion dollar industry," Mr Langner told the *BMJ*.

Harvard School of Public Health has also taken steps to disassociate itself from Dr Rath's claims, stating that he has misinterpreted the results of a study about the relationship between vitamins and HIV/AIDS that the school had undertaken elsewhere in Africa. □

## Age discrimination denies elderly people a "dignified death"

Roger Dobson Abergavenny

Elderly people are being denied a dignified death because of age discrimination, finds a new report from the UK charity Help the Aged and Sheffield University.

Only 8.5% of people aged over 85 who die from cancer do so in a hospice, compared with 20% of all people with cancer, says the report. Urgent action is needed to address inequality in care at the end of life for elderly people and provide access to

high quality palliative care, it says, and it calls for more specialists in palliative care.

"Good quality end of life care must be available for all who need it, regardless of their age or medical status. Rationing care at the end of life on the basis of age is appalling," said Paul Cann, director of policy and research at Help the Aged.

"Older people are the single largest group of health service

users. They have made a huge investment in the NHS, and it is a perverse system that denies those who have been paying for it the longest."

The report says that the opportunity to go into a hospice declines with age.

"There can be little doubt that many of the difficulties and barriers faced by older people at the end of their lives are a consequence of inherent age discrimination, which affects the way in which support services at the end of life are often designed without reference to older people's needs," it says.

"It is a tragedy, and a sad reflection on our society, that for

many a 'social death' occurs long before physical death, with a sense of isolation, disenfranchisement, and loss of control too often common features of the ageing process and the approach to death," the report continues.

It says that better end of life care for elderly adults should be seen as an urgent public health issue and that consideration should be given to providing specialist palliative care for elderly people. The specialties of palliative medicine and geriatric medicine should also be more closely coordinated, with shared training posts and joint education initiatives.

The charity Help the Hospices welcomed the report and said in a statement that more NHS funding for hospice and palliative care is needed. But it added: "Access to hospice care is via referral—usually by a GP, hospital consultant, or district nurse—and acceptance for care is according to clinical need and capacity to care for that person. It is not according to age. It is important that we try and find out what lies behind [the figures] and to what extent referral practice, patient choice, needs, or availability of services are factors." □



Access to good quality end of life care gets harder the older you are

*Dying in Old Age* is available at [www.helptheaged.org.uk](http://www.helptheaged.org.uk).